## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J75535

(1)

MD TRANSPORT SYSTEMS, INC.

FILED										
Mar	13	1998	8:00am							
Se	crei	tary o	f State							

|--|--|

Principal Place	e of Business	Mailing Address				f Billig Billig Albit Billig d	(BI) BIDII 1881
% MILTON E.		% MILTON E. JACOBS					
502 E. BRIDG AUBURNDALE		502 E. BRIDGERS AVE AUBURNDALE FL 33823			DO NOT WRITE IN THIS SPACE		
ACCOMPAGE	. 7 6 00020	HODOWIDALE I'L GOOLG			3. Date Incorporated or Qualified	***************************************	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	***************************************	26			59-3107501		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	9	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip Ü	Country	Zip	Cou	ntry	8. This corporation owes or has paid		
24	25 Name and Address of Curre	29	30		Personal Property Tax due June  10. Name and Address of New Reg		<u> </u>
	· <del></del>	int vedisteleti vdeut		81 Name	10, Name and Address of New Re	istaten Waut	
	COBS, MILTON E.		,				
	E. BRIDGERS AVE		Ţ	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		}
AU	Burndale FL 33823		ŀ	83		<del></del>	
			ĺ	_			
				84 City		85 Zip	Code
44 Pursuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes the at	ove-named cor	poration submits this statement for the pr	rrose of changing	its registered
office or re agent. I as	egistered agent, or both, in the Stat in familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607,0505, F	authorized orida Stati	by the corpore	ation's board of directors. I hereby accep	t the appointment a	is registered
SIGNATURE							
<del></del>	Signature, typed or printed name of registered a	pent and title if applicable (NO ND DIRECTORS		Agent signature raqu	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE DIDECTO	100 #1140
TITLE	PD	DELETE	13.	I.F.	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	BOSTICK, R. MARK		1,2 NA	1		,-	
STREET ADDRESS	502 E. BRIDGERS AVE			REET ADDRESS			\{\frac{1}{2}}
CITY-ST-ZIP	AUBURNDALE FL			Y-ST-ZIP			i!
TITLE	D	DELETE	2.1 717			Change	Addition
NAME	BOSTICK, GUY	_	2.2 NA	\ \		_ •	
STREET ADDRESS	502 E. BRIDGERS AVE			REET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL			TY-ST-ZIP			
TITLE	VDT	DELETE	3.1 TIT			Change	Addition
NAME	JACOBS, MILTON E.		3.2 NA				
STREET ADDRESS	502 E. BRIDGERS AVE			REET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL		1	TY-ST-ZIP			1
TITLE	S	DELETE	4.1 1/1			☐ Change	Addition
NAME	READY, BILLY R		4. 2 NA	ME			f
STREET ADDRESS	502 E. BRIDGERS AVE.			REET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL			Y-ST-ZIP			İ
TITLE		DELETE	5.1 THT			☐ Change	Addition
NAME			5.2 NA			_	)
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			1	Y-ST-ZIP			Ì
TITLE	<del></del>	☐ DELETE	6.1 TIT			Change	☐ Addition
NAME			6.2 NAI				
STREET ADDRESS				REET ADDRESS			ĺ
CITY-ST-7IP				Y-ST-7IP			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address:

2/12/08 (041) 915-1828